PSJ17 Exh 64

Chronic Pain Management:
Optimizing Efficacy and Safety in Opioid Use

Supported by an educational grant from Teva Pharmaceuticals

Activity Overview

- Activity is a roundtable discussion in which a 3-member faculty panel of experts discuss strategies for safe, effective opioid therapy include thoughtful patient evaluation and a shared decision-making approach to care, as well as the use of available and emerging abuse-deterrent opioid formulations.

- Activity utilizes the "Flipped Classroom" model in which the typical lecture and homework elements of a course are reversed—learners get up-front "homework" that is followed by interactive activities.

- Activity Certification:
    - Activity is certified for 1.25 *AMA PRA Category 1 Credit™*.
    - Activity was posted on myCME on January 27, 2016

LEARNING OBJECTIVES
At the conclusion of this activity, participants should be better able to:

1. Evaluate patients with chronic pain to identify those who may benefit from opioid therapy

2. Stratify patients with chronic pain according to low, moderate, or high risk for opioid misuse, abuse, or diversion

3. Individualize chronic pain treatment plans with attention to medication choice and dosing strategies intended to optimize outcomes and minimize risk

4. Communicate effectively with patients who experience chronic pain to facilitate a shared decision-making model of care

Faculty

FACULTY CHAIR

Jeffrey A. Gudin, MD
Director, Pain Management and Palliative Care
Englewood Hospital and Medical Center
Englewood, NJ
Clinical Instructor in Anesthesiology
Icahn School of Medicine at Mount Sinai
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FACULTY

Charles E. Argoff, MD
Professor of Neurology
Albany Medical College
Director, Comprehensive Pain Center
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Steven P. Stanos, Jr., DO
Medical Director of Swedish Pain Services
Medical Director of Occupational Medicine Services
Swedish Health System
Seattle, WA

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Activity Participation
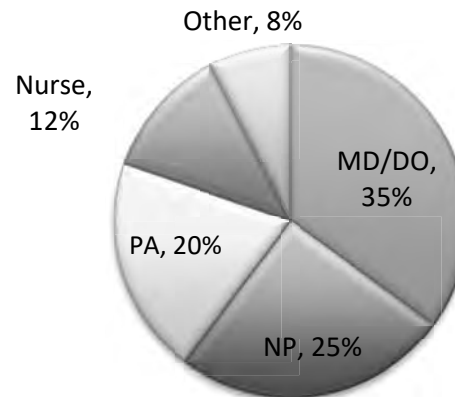
Page Views
13,703

Unique Visitors
3,227

Readers
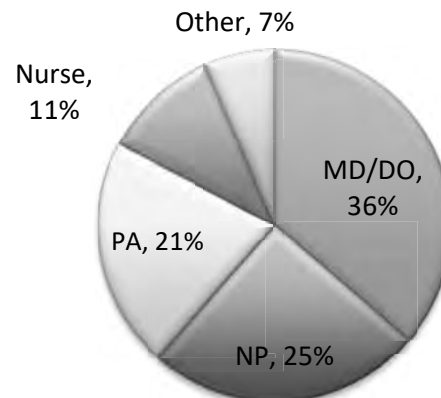**1,505**

Completion Ratio
80%

Post-tests
1,198

Readers - Profession

Other, 8%
Nurse, 12%
MD/DO, 35%
PA, 20%
NP, 25%

Readers - Specialty

EM/CC, 12%
Anesthesiology, 13%
FM/GP, 32%
Internal Medicine, 15%
Pain Medicine, 28%

Post-Tests - Profession

Other, 7%
Nurse, 11%
MD/DO, 36%
PA, 21%
NP, 25%

Post-Tests - Specialty

EM/CC, 12%
Anesthesiology, 14%
FM/GP, 32%
Internal Medicine, 15%
Pain Medicine, 27%
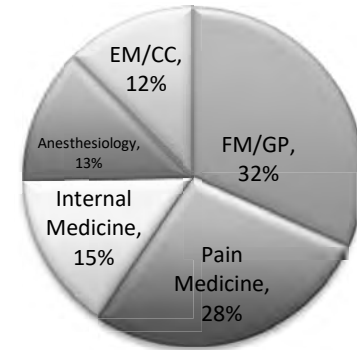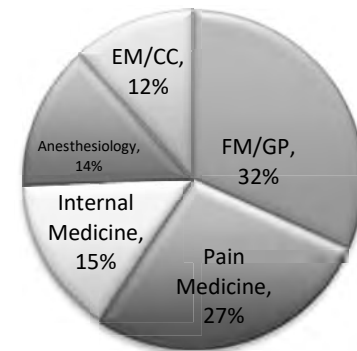
Participation by Region

West = 16%

Midwest = 17%

Northeast= 24%

Southeast = 26%

South = 12%

xUS = 4%
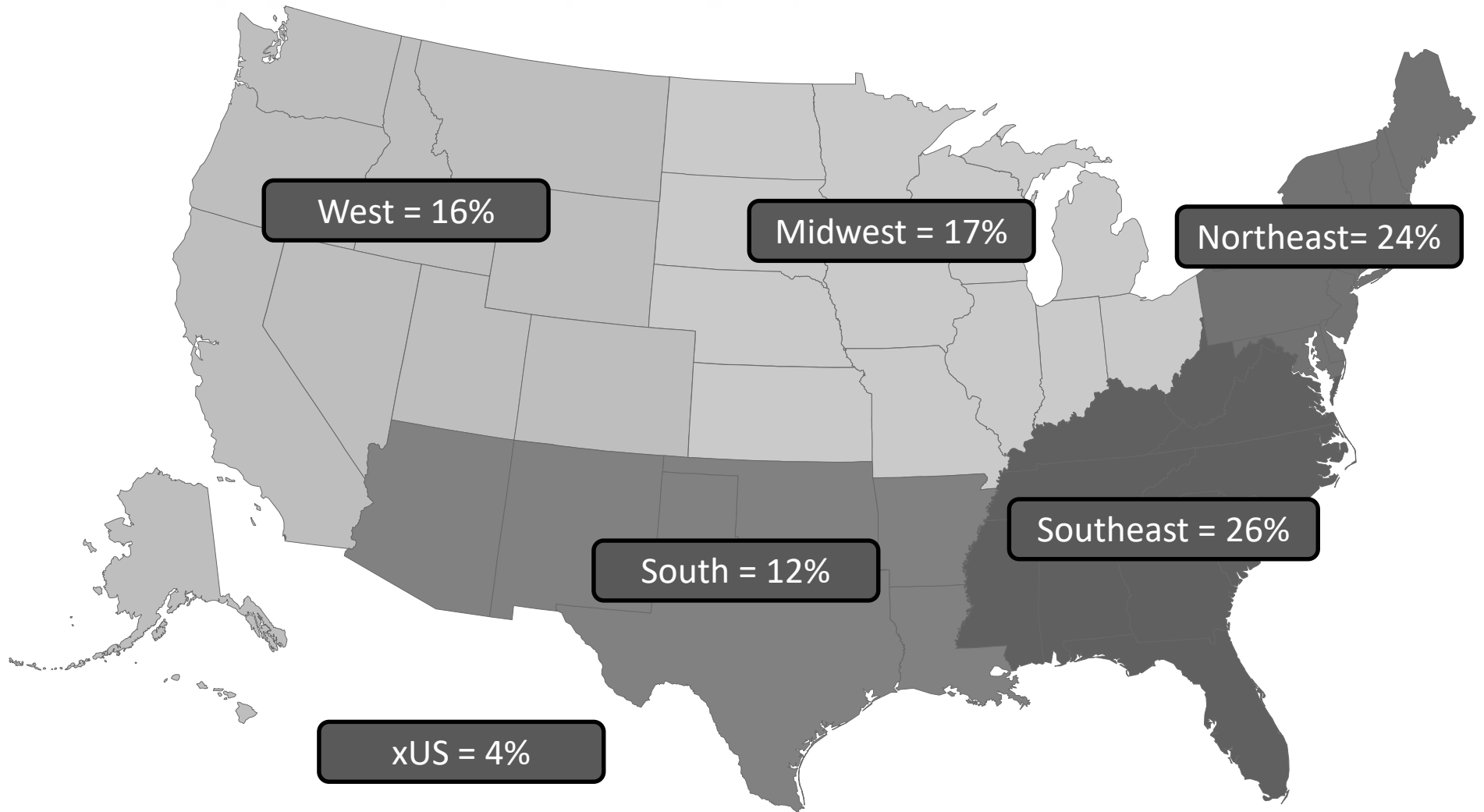
Regional Exam Completions by Profession

Region	MD/DO	PA	NP	Nurse	Other
Northeast	32%	31%	26%	7%	4%
Southeast	34%	19%	36%	7%	4%
Midwest	29%	14%	22%	31%	4%
South	35%	22%	24%	4%	15%
West	45%	24%	19%	6%	5%

N = 1,198

Legend: ■ MD/DO   ■ PA   ■ NP   ■ Nurse   ■ Other
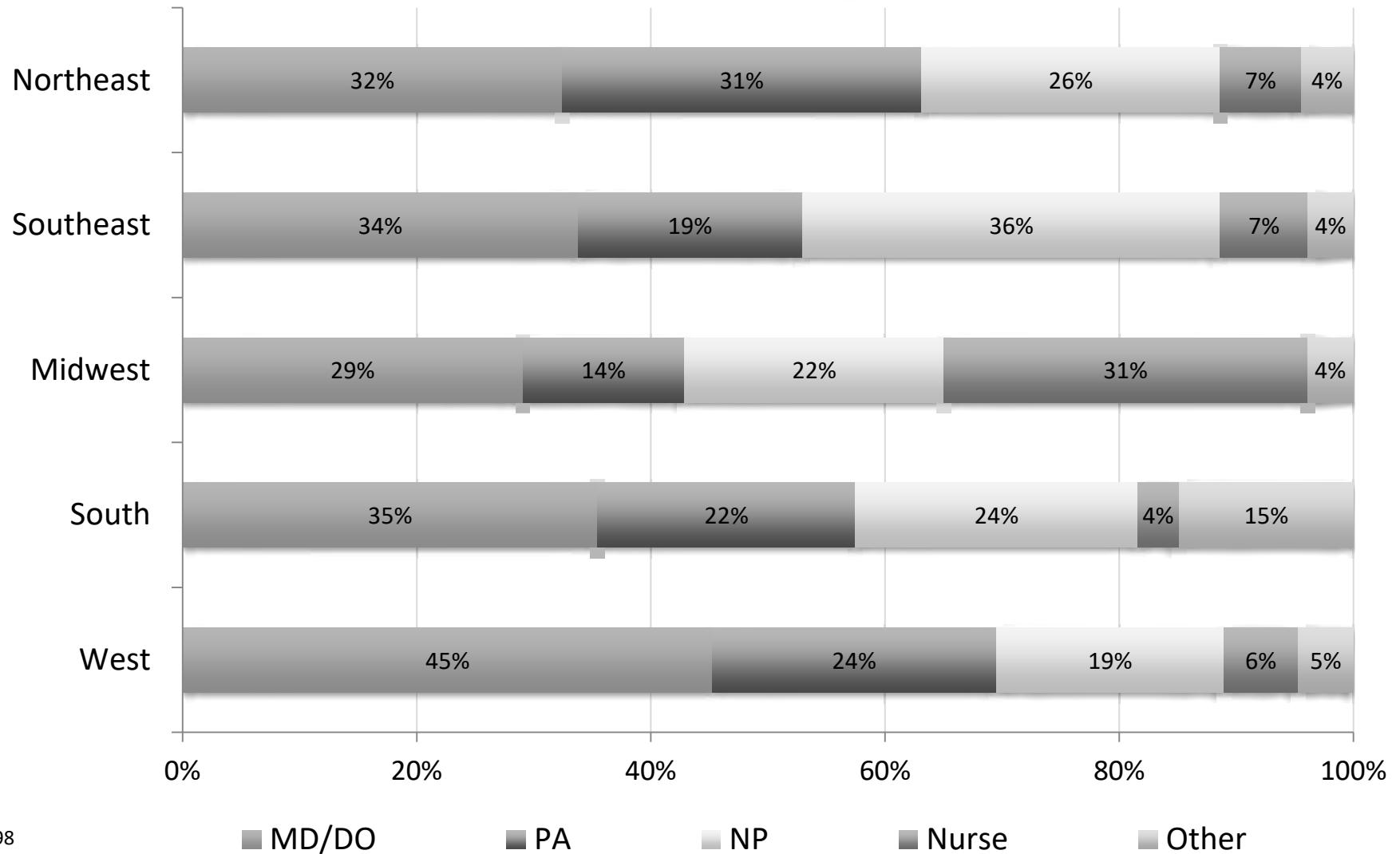
Overall Pre-/Post-test Analysis

- 5 questions asked as pre-test with the same questions used as follow-up in the post-test

- Learners showed increases in:
  - Knowledge – overall improvement of 90% pre vs. post
  - Competence – overall improvement of 106% pre vs. post
  - All learning objectives showed improvements pre vs. post
    - LO #3 showed the highest rate of improvement – 242% pre vs. post
    - LO #1 showed the least improvement – 64% pre vs. post
  - No significant variations were noted across professions

Overall Pre/Post Analysis

N = 1,198; *p* < 0.05

Knowledge Questions

Competence Questions
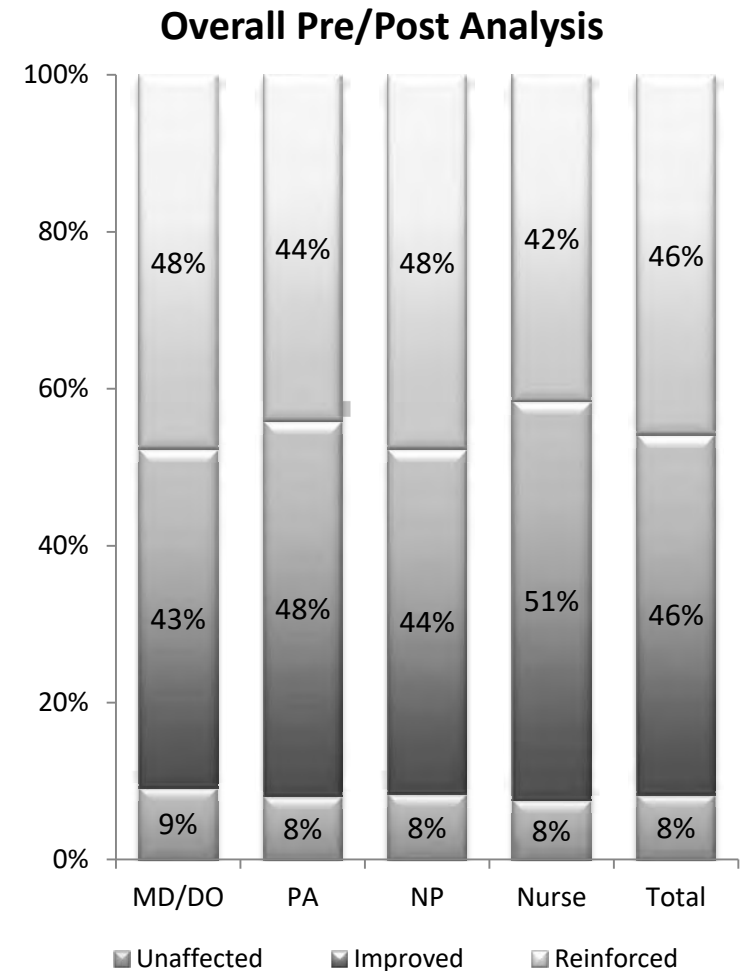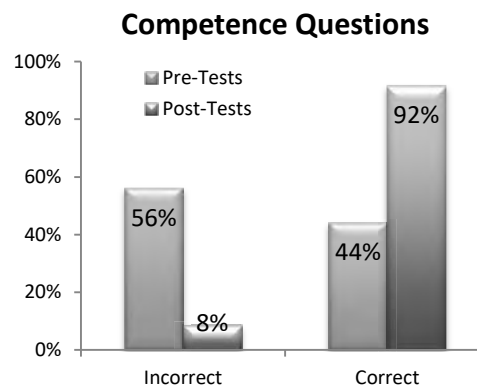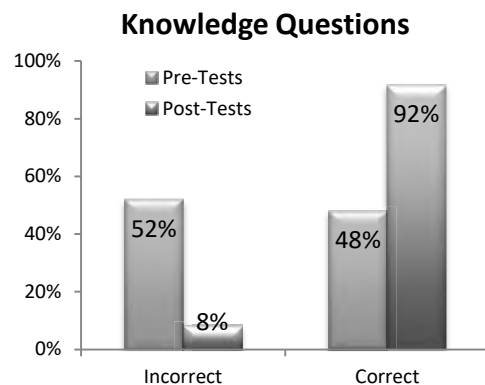
Evaluation Analysis

94% of participants agreed or strongly agreed that the activity **enhanced their professional effectiveness**

99% indicated that the activity was **fair balanced, objective, and free of bias for or against any product**

**93%** agreed or strongly agreed that **the topics were current and clinically relevant to their practices**

93% agreed or strongly agreed that **the faculty presented content that can be translated into actionable items**

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Intent to Change

Please indicate how often you currently use each of the listed strategies with respect to the treatment of patients with chronic pain. Then, indicate how often you now plan to use these same strategies based on your participation in this CME activity.

A. Evaluate patients to identify those who may benefit from opioid therapy

B. Stratify patients according to their risk for opioid misuse, abuse, or diversion

C. Individualize treatment plans with attention to medication choices and dosing strategies to optimize outcomes and minimize risk

D. Engage in a shared decision-making process with patients

E. Use assessment instruments (eg, the Opioid Risk Tool)

F. Consider the use of abuse-deterrent opioids

G. Incorporate or recommend nonpharmacological pain management strategies in treatment plans
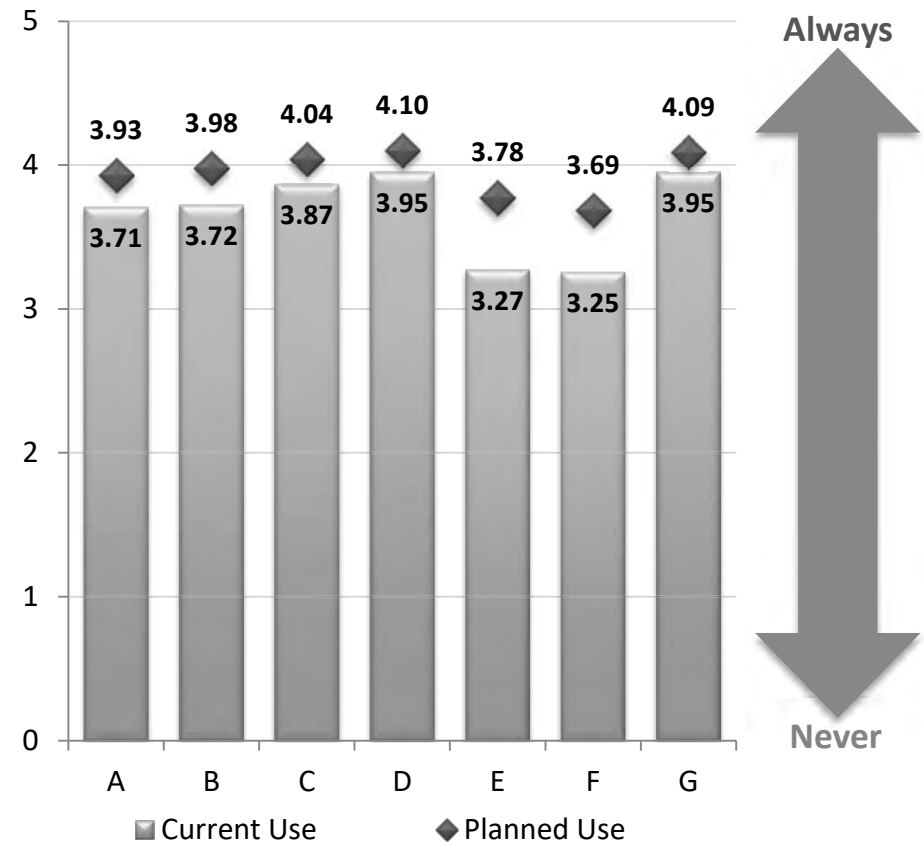
n = 1,159

Scale: 5 – Always; 4 – Often; 3 – Sometimes; 2 – Not Often; 1 – Never

Estimated Patient Impact

- Ave. # of pts. seen per day ~ 18.4

- Ave. # days per week pts. are seen ~ 4.1

- Ave. % affected by chronic pain = 39.4%

Estimated Patient Impact (Weekly):
34,052

n = 1,159

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# Outcomes Survey Results

Post-activity Follow-up Surveys

- Distributed automatically to all individuals who complete the post-test of an activity
  - Up to 6 months post-activity
- System allows for multiple surveys to be sent
- Focus of the survey is on securing self-reported subjective change in performance

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Changes Made in Practice

Since completing this CME activity, how often have you done the following with regard to patients experiencing chronic pain?

A. Evaluate patients to identify those who may benefit from opioid therapy

B. Stratify patients according to their risk for opioid misuse, abuse, or diversion

C. Individualize treatment plans with attention to medication choices and dosing strategies to optimize outcomes and minimize risk

D. Engage in a shared decision-making process with patients

E. Use assessment instruments (eg, the Opioid Risk Tool)

F. Consider the use of abuse-deterrent opioids

G. Incorporate or recommend nonpharmacological pain management strategies in treatment plans
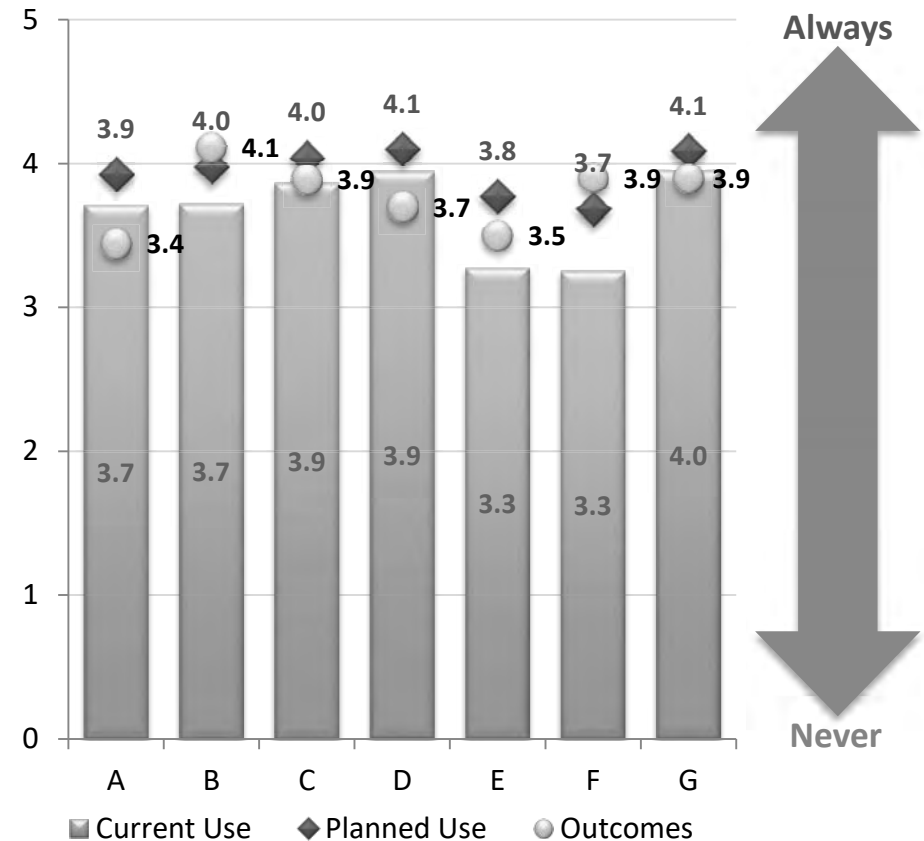
Scale: 5 – Always; 4 – Often; 3 – Sometimes; 2 – Not Often; 1 – Never

n = 211

Barriers Encountered

For each factor listed below, please indicate how much of a barrier/ challenge each one presented in implementing changes in your practice. (1 = Not a Barrier; 5 = A Major Barrier)

n = 211

Legend: 1 2 3 4 5

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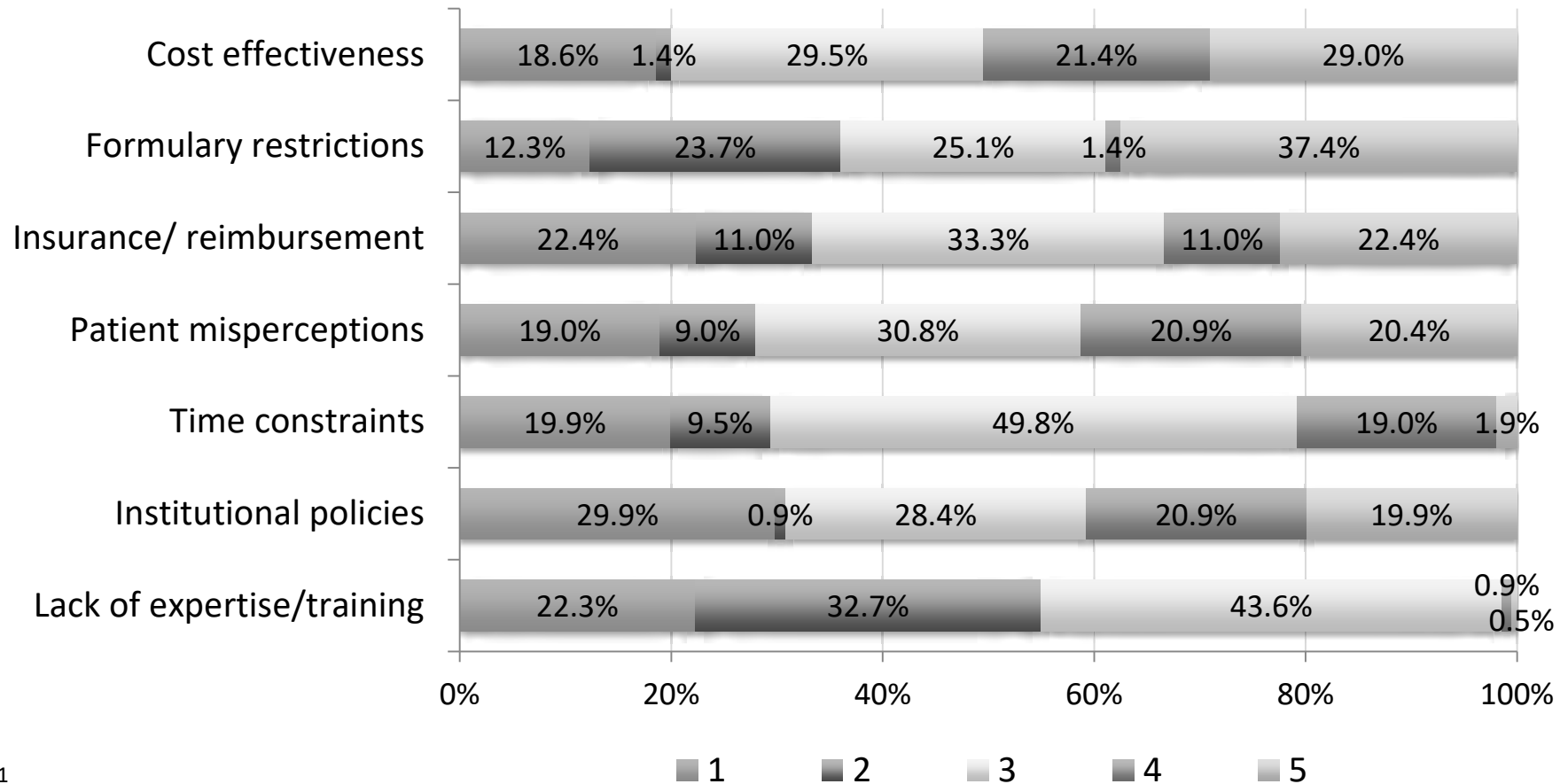
Patient Reach

Since your participation in the activity, how many patients with chronic pain have you encountered in your practice?
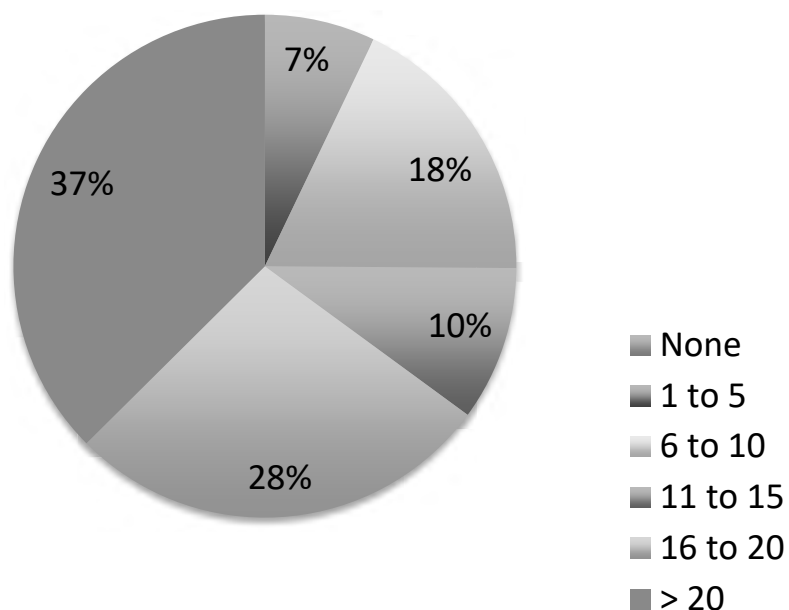
How many patients have you seen in the past week who have benefited from your participation in this CME activity?

7%

18%

37%

10%

28%

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- > 20

5%

9%

4%

16%

19%

36%

11%

- None
- 1 to 5
- 6 to 10
- 11 to 15
- 16 to 20
- 21 to 25
- > 25

n = 211

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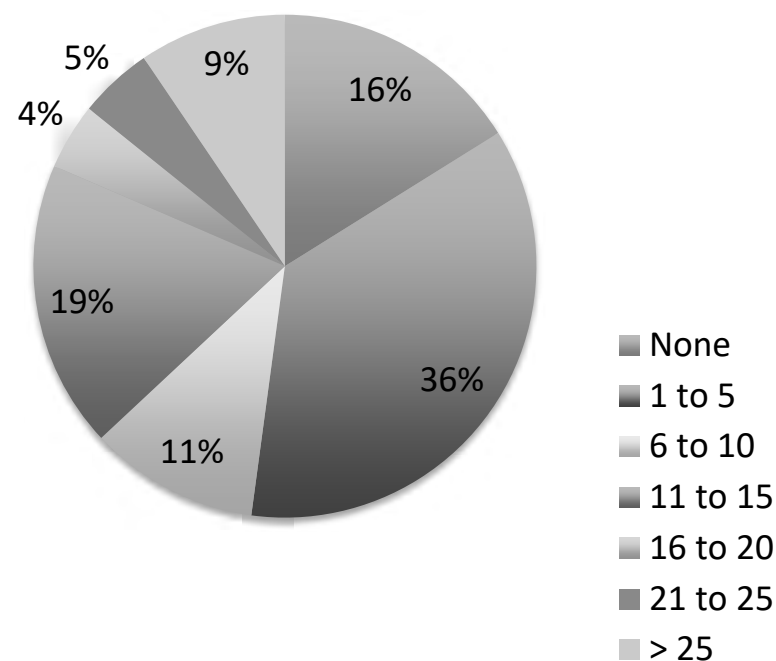
Supporting Data

Pre- and Post-Test Analysis – Question 1

Knowledge question focused on Learning Objective #4

For patients with chronic pain:

A. Long-term opioid therapy is just 1 component of a multimodal pain-management approach

B. Family history of substance abuse is an absolute contraindication to long-term opioid analgesia

C. Opioid analgesia should be considered first-line therapy because of its well-established efficacy

D. Rapid- or short-acting opioids are generally preferable to long-acting opioids

Legend: ☐ Pre-test ■ Post-test

Chart values:
- A: 85.9% (Pre-test), 99.3% (Post-test)
- B: 5.0% (Pre-test), 0.3% (Post-test)
- C: 2.4% (Pre-test), 0.3% (Post-test)
- D: 6.7% (Pre-test), 0.2% (Post-test)

☐ = correct answer; N = 1,198; *P* < 0.05

Overall Improvement = 16%

	MD/DO	PA	NP	Nurse	Totals
Reinforced	87%	84%	87%	88%	**86%**
Improved	12%	16%	12%	12%	**14%**
Unaffected	0%	0%	2%	0%	**1%**

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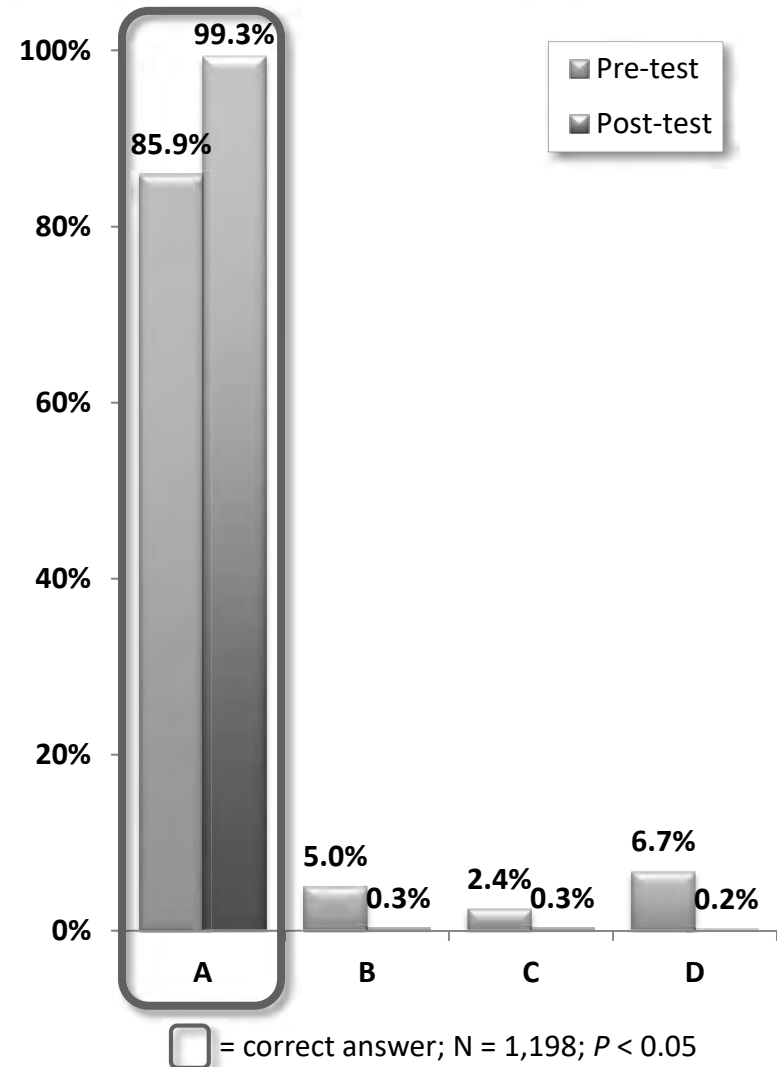
Pre- and Post-Test Analysis – Question 2

Knowledge question focused on Learning Objective #4

Long-acting opioids:

A. Are most appropriate for neuropathic pain

B. Offer the greatest flexibility because they address both acute and chronic pain

C. Have a delayed onset of action

D. Do not lend themselves to abuse-deterrent formulations
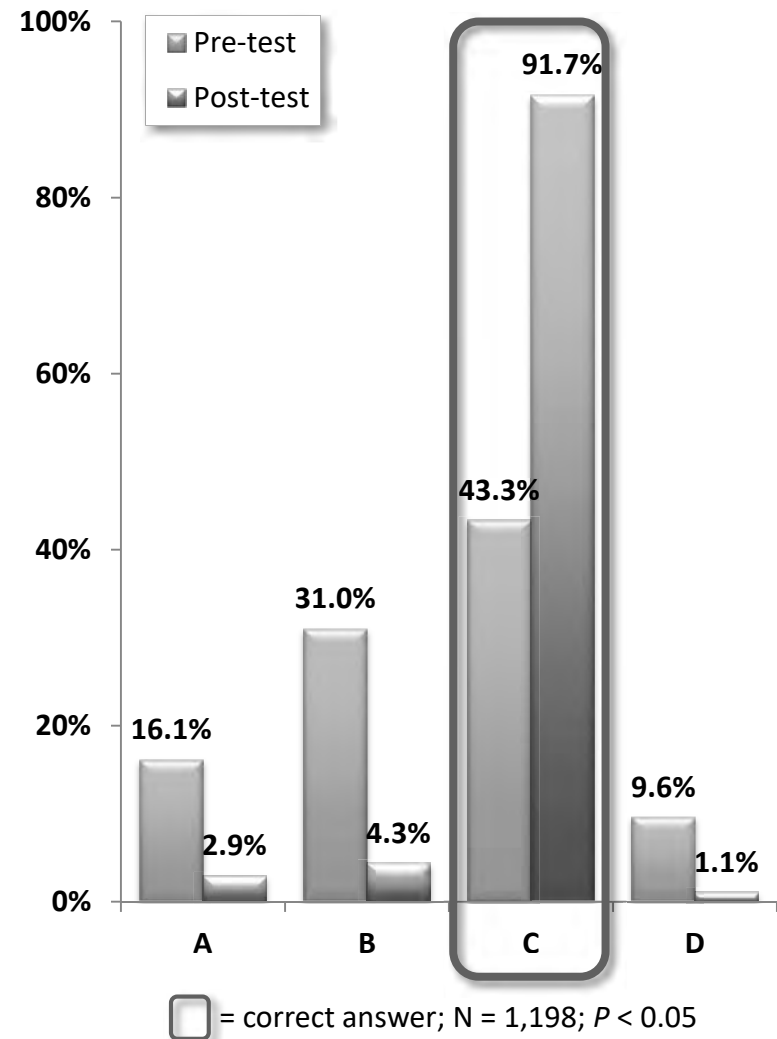
Overall Improvement = 112%

	MD/DO	PA	NP	Nurse	Totals
Reinforced	45%	42%	44%	28%	**42%**
Improved	45%	50%	49%	64%	**50%**
Unaffected	9%	8%	8%	9%	**8%**

Chart legend: Pre-test, Post-test

A: Pre-test 16.1%, Post-test 2.9%
B: Pre-test 31.0%, Post-test 4.3%
C: Pre-test 43.3%, Post-test 91.7%
D: Pre-test 9.6%, Post-test 1.1%

= correct answer; N = 1,198; $P < 0.05$

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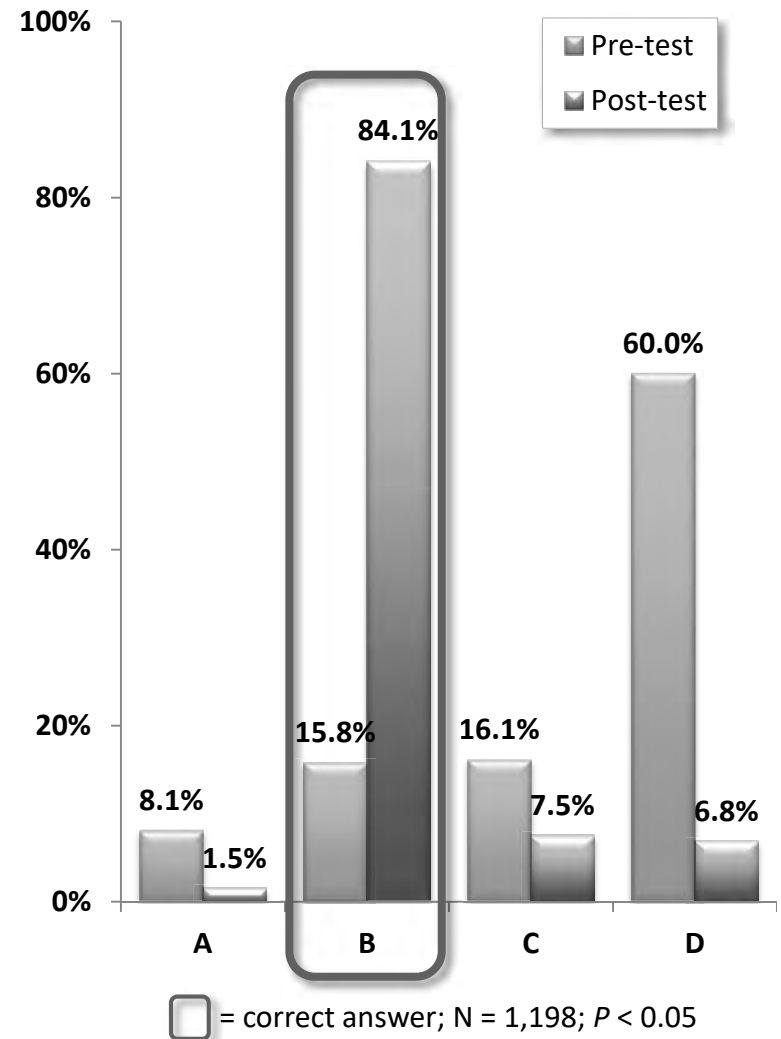
Pre- and Post-Test Analysis – Question 3

Knowledge question focused on Learning Objective #4

The Opioid Risk Tool asks patients about all of the following except:

A. Family and personal history of substance abuse

B. Duration of pain

C. Age

D. History of preadolescent sexual abuse

Overall Improvement = 433%

	MD/DO	*PA*	*NP*	*Nurse*	*Totals*
Reinforced	16%	15%	17%	9%	**15%**
Improved	65%	70%	68%	78%	**69%**
Unaffected	19%	15%	15%	14%	**16%**

Legend: ☐ Pre-test ☐ Post-test

Bar chart values:
- A: 8.1% (Pre-test), 1.5% (Post-test)
- B: 15.8% (Pre-test), 84.1% (Post-test)
- C: 16.1% (Pre-test), 7.5% (Post-test)
- D: 60.0% (Pre-test), 6.8% (Post-test)

☐ = correct answer; N = 1,198; *P* < 0.05

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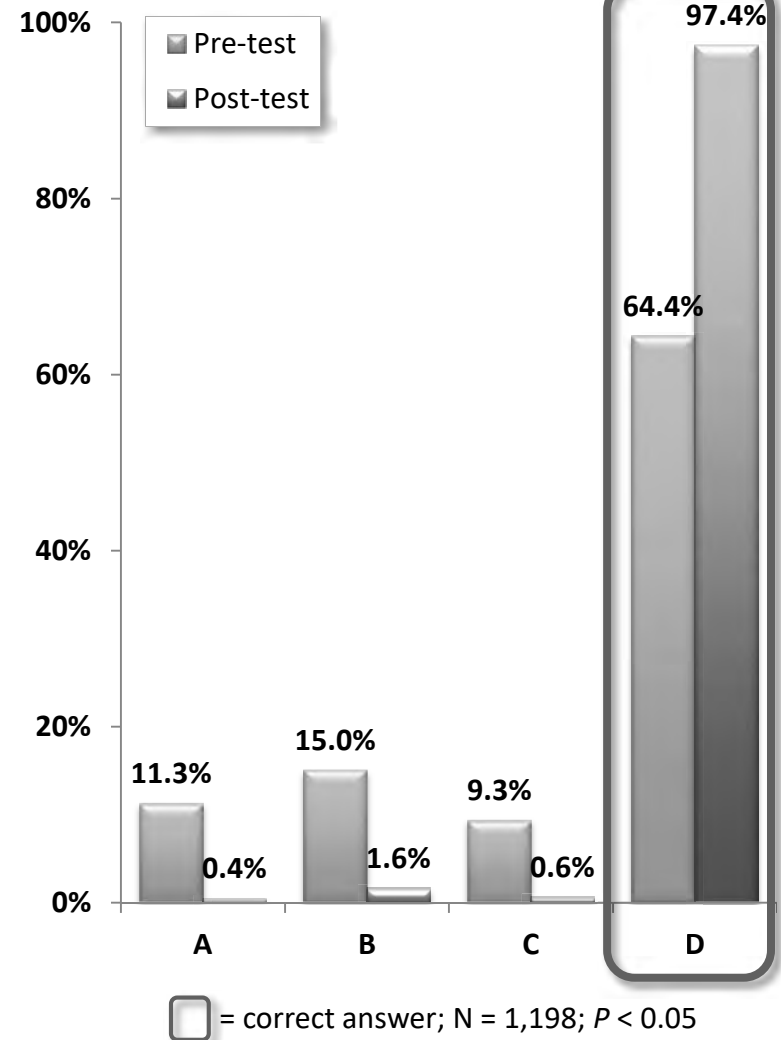
Pre- and Post-Test Analysis – Question 4

Knowledge question focused on Learning Objective #4

Abuse-deterrent opioids:

A. Are the current standard of care in pain management

B. All include structural properties that prevent tablets from being crushed or dissolved

C. Are currently investigational only

D. May use a variety of means, including physical barriers or inclusion of opioid antagonists or aversive substances, to prevent abuse

Bar chart legend: Pre-test, Post-test

- A: Pre-test 11.3%, Post-test 0.4%
- B: Pre-test 15.0%, Post-test 1.6%
- C: Pre-test 9.3%, Post-test 0.6%
- D: Pre-test 64.4%, Post-test 97.4%

☐ = correct answer; N = 1,198; $P < 0.05$

Overall Improvement = 51%

	MD/DO	PA	NP	Nurse	Totals
Reinforced	67%	55%	67%	62%	**63%**
Improved	31%	42%	30%	33%	**34%**
Unaffected	2%	3%	3%	5%	**3%**

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Pre- and Post-Test Analysis – Question 5

Knowledge question focused on Learning Objective #4

Motivational interviewing may play a role in pain management by:

A. Helping patients assess and quantify pain severity

B. Identifying ambivalence that may be an obstacle to positive change

C. Stratifying patients according to risk of opioid misuse

D. Managing patient expectations about anticipated reduction in pain symptoms

Overall Improvement = 249%

	MD/DO	PA	NP	Nurse	Totals
Reinforced	23%	25%	24%	21%	**23%**
Improved	62%	61%	61%	68%	**63%**
Unaffected	15%	14%	16%	11%	**14%**

Pre-test / Post-test bar chart:
- A: 16.9% (Pre-test), 3.8% (Post-test)
- B: 24.6% (Pre-test), 85.9% (Post-test)
- C: 10.6% (Pre-test), 2.8% (Post-test)
- D: 47.8% (Pre-test), 7.4% (Post-test)

□ = correct answer; N = 1,198; *P* < 0.05